



Procedure: Issuance of Manual Breast Pumps

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Purpose

To enable WIC breastfeeding mothers to maintain breastfeeding and increase the duration of breastfeeding during infrequent separation from baby or for engorgement, inverted or flat nipple, or other short-term breastfeeding concerns.

When to Issue a Manual Breast Pump

The local agency staff shall provide manual breast pumps to breastfeeding WIC mothers when needed to manage breastfeeding.

Local agencies shall ensure that manual breast pumps are available for participants in the following circumstances:

- For mothers who need help in resolving short-term breastfeeding concerns such as engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct, or other reasons as determined by the WIC CPA.
- For mothers who need to pump for infrequent separation from their baby because of part-time return to work, school, or other reason as determined by the WIC CPA.

Issuance of Manual Breast Pump

Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump, and expression and storage of human milk.

WIC staff providing breast pumps to clients shall have been previously trained on breast pump assembly, use, and cleaning, and expression and storage of human milk.

Breast Pump Release Form

WIC staff shall have participants read and sign a breast pump release form when receiving a manual pump. If a participant cannot read, the release form shall be read to the participant.

The release form shall be signed by the WIC participant and the WIC staff member who conducts the training. The release form shall be placed in the participant's file.

Manual Breast Pump Log

The participants ID number shall be recorded on the manual breast pump log when a manual pump is issued.

The log should be maintained at the local agency to be available for audit purposes.

Storage of Manual Breast Pumps

Breast pumps, collection kits, and other breastfeeding aids shall be stored in a locked area or cabinet.

Breast Pump Release Form/Loan Agreement

FOR ALL BREASTPUMPS:

- I request a breast pump from WIC so that I can provide breast milk to my baby.
- I have been given the breast pump indicated below.
- The use of the pump has been explained to me and I fully understand how to use it.
- I have been shown how to assemble, use and clean the pump and how to safely collect and store my milk.
- For baby's health, I understand that this pump is for my use only. I will not give or sell this pump to anyone or let anyone else use it.
- I understand that the WIC Program, its employees, and the Nebraska Department of Health and Human Services are **NOT** responsible for any personal damage caused by the use of this breast pump or caused by information and instruction provided by WIC staff.

FOR LOAN of ELECTRIC BREAST PUMPS

- I understand that this pump is the property of the State of Nebraska WIC Program.
- **I agree to return the breast pump or pay the WIC program back for the cost of the pump (\$500).**
- I will contact the WIC Office if I cannot return the pump on time or if I would like to use it longer.
- I will be responsible with this pump and return the pump in clean condition. I will not smoke around the pump. I will handle the pump with care and protect it from loss or theft.
- I will report any loss, theft, breakage, or damage to the WIC Program immediately. If the pump is lost or stolen, I will not receive a replacement pump.
- I will contact the WIC Program if I move or change my phone number.
- I will return the pump clean and in good condition to the WIC office by _____.
- If I don't return a loaned pump within 15-days of the return date, I understand the clinic will file a stolen property report with local authorities.
- I understand WIC may contact me to provide breastfeeding support and discuss my need for the pump.
- **I agree with these conditions.**

WIC Client Signature _____

Phone Number _____

Date _____

Address _____

I give WIC staff permission to contact the following person(s) if I cannot be reached:

NAME & PHONE NUMBER

Call the WIC Program at _____ if you have problems with this pump or need help pumping.

Client ID# _____

Client Name: _____

Type of pump issued: Manual

Electric—Lactina

Electric—Pump in Style

Collection Kit Y N

Serial # _____

Pump # _____

Pump Issued by: _____

Reviewed _____ Pumping Plans

_____ Storage of breast milk

with _____ Breast pump assembly

_____ Hand expression

Date Pump Issued: _____

Client: _____ Breast pump use

_____ Who to call for help

Follow-up Date: _____

_____ Breast pump cleaning

_____ Returning to work/school

Sign below when pump is returned

Was this pump helpful to you? Y N

Participant signature _____

date pump
returned

Condition of Returned pump: _____

Staff signature _____

Original to participant file—copy to participant

Breast Pump Questionnaire

Name: _____

Date: _____

Answering these questions will help us determine what type of breast pump would be most beneficial for you and your baby:

Did you use a pump in the hospital? Yes No

Do you have a pump? Yes No

If yes, what kind? _____

Where did you get the pump? _____

Please tell us more about your need for a breast pump.

1. I need a pump:

- ☐ To use a few times a week. I am with my baby most of the time.
- ☐ I am returning to work or school part-time.
- ☐ I am returning to work or school full-time.
- ☐ I am having breastfeeding problems. The problem I am having is _____

☐ My baby is unable to breastfeed because: _____

☐ Other: _____

2. How long do you plan to breastfeed? _____

3. When you are away from your baby, what would you like to feed your baby?

- ☐ Breast milk only
- ☐ Formula only
- ☐ Both breast milk and formula

4. If you are returning to work or school, answer these questions:

a. How old will your baby be when you return to work/school? _____

b. How many days a week will you be working/attending school? _____

c. How many hours will you be away from your baby each day? _____

d. Will your work/school schedule allow for breaks every 3-4 hours? Yes No Unsure
If yes, how long will your breaks be? _____

e. Will you have a private place with electricity to pump? Yes No Unsure

f. Is your employer/school supportive of breastfeeding? Yes No Unsure

g. Is your childcare provider supportive of breastfeeding? Yes No Unsure

5. Is your family supportive of you breastfeeding? Yes No Unsure

Staff Use Only

Recommendation for type of pump needed, if any:

- ☐ Manual Reason: _____
- ☐ Loaned Electric—Lactina
- ☐ Single-User Electric—Pump in Style

Notes: _____

Staff Signature: _____

Date: _____